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Worldwide Report

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EPIDEMIOLOGY

No. 314

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BRIEFS

SYMPOSIUM ON VACCINATIONS--Health Minister Mukasa Mango yesterday underscored the important role vaccination played in prevention of diseases in the country. He said his Ministry had embarked on an immunisation programme two years ago to eradicate the six leading childhood killer diseases--tuberculosis, polio, tetanus, whooping cough, diphtheria and measles. The symposium, which was organised by a French pharamceutical firm, Pasteur Institute, is being attended by medical doctors from Kenya, Tanzania, Uganda, Zambia, Zimbabwe, Malawi, Ethiopia, Taiwan and France. Delegates from Mozambique and Botswana are not attending because they failed to get flight connections from their respective countries. Dr Mango said vaccination played a "very significant role in the prevention of disease," noting that it was through the process that Kenya was recently declared a small pox-free country. The vaccination programme would be fully integrated into the normal health services, with particular emphasis on maternal and child health activities. Training of all field personnel was already underway to ensure the programme's success and proper understanding. "In order to ensure that vaccination facilities are within reach of every family, it is intended to expand the service from existing hospitals and health centres to the dispensary level." The Minister said "enormous" amounts of vaccines and logistic support were needed for this programme. [Text] [Nairobi THE STANDARD in English 24 Feb 83 p 3]

CSO: 5400/191

BRIEFS

DIARRHOEA, CHOLERA REPORTS--ARI VARSITY, Feb. 8--Diarrhoea and Cholera have claimed 86 lives during the last month in the Sadar North and Sadar south subdivision of the Mymensingh district. The respective authorities confirming the figure said that drinking of polluted water was the main cause of the disease. Unofficial sources, however, put the death figure at 100 out of the 3000 attacked sofar. The patients were treated at Mymensingh Medical College Hospital and Surjakanta Hospitat mainly. Rural Health Complexes were also giving treatment for Diarrhoea. The doctors said that they faced the problem due to poor supply of Cholera vaccines from Dhaka Central Medical Store. The worst affected areas are, Kotwali, Muktagacha, Fulpuri, Haluaghat, Gafargaon, Isharganj, and Fulbaria Police Stations. [Dhaka THE NEW NATION in English 10 Feb 83 p 2]

CSO: 5400/7084

BRIEFS

SEWERAGE PROJECT--THE Bridgetown Port has started a $400 000 project in a bid to become linked to the Sewerage Project. The three-month project was yesterday termed essential by port manager Peter Parker, who noted that "although costly, it would eradicate any problems that might be prevalent in the present septic tank arrangement". Engineers for the project, Edgill Associates, began excavations last weekend preparing foundations for laying pipes. A spokesman for the firm noted that sewerage from the port would be connected to that of other areas of Bridgetown and the sewage will be transported to the sewage treatment plant. He said that the first two of 24 scheduled manholes had already been laid. He however added that there might be some problems in laying the others as the water from the sea had seeped into the foundations, and was making it difficult to complete the remaining manholes and pipe connections. He added that more than 25 percent of the pipe work would have to be laid below sea level, so as to avoid these problems. [Bridgetown THE NATION in English 4 Feb 83 p 14]

CSO: 5400/7550

HEALTH MINISTRY DEFINES 1983 PRIORITIES

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 15 Feb 83 p 10

[Excerpt] According to the secretary of basic health activities, Joao Baptista Rizi Junior, the transmissible diseases to which the Ministry of Health will give priority this year are: tuberculosis, leprosy, polio, measles, tetanus and meningitis. The Ministry of Health has established three categories of transmissible diseases according to the degree of priority. In this way, typhoid fever and sexual diseases are in the second degree. Classified in the third degree are hepatitis, leptospirosis, extoparasitosis (skin infection) and toxic alimentary infection.

A committee of experts from various sectors of the Ministry of Health, composed of representatives of the National Department of Basic Activities, Department of Special Programs and the Special Public Health Service--SESP--which will work together in 1983 on the control of these diseases.

Classified in the first group are diseases against which the ministry already maintains an intense control activity and there exist specific measures to combat them. In the second, are those which do not have a very specific control activity, although the ministry is developing some work in the area, such as the acquisition of vaccines and the establishing of standards. In the third place are those diseases against which the ministry has not yet developed any activity but is to do so in the near future.

8870
CSO: 5400/2050

BRIEFS

TYPHOID FEVER IMMUNIZATION IN MINAS--Belo Horizonte--The Minas Gerais state ministry of health yesterday initiated a mass immunization in Volta Grande in the State of Rio, where last October there was a sudden outbreak of typhoid fever with some 200 cases recorded. According to the ministry's acting coordinator of epidemiological supervision, Dr Felicio Pifano Filho, they have sent to that city 5,000 doses of vaccine which were at the disposal of the Juiz de Fora Regional Health Center. In Volta Grande, the president of the St Vincent de Paul Confraternity, Dona Ana Maria Vilela Pedras, who coordinated the appeal campaign to the authorities for a mass vaccination, estimated about 3 percent of the urban population of 6,000 people had been contaminated by the disease. "In October," said Dona Ana Pedras, "I made the complaint based on an alert from the San Salvador Hospital in Alem Pariba that the artesian well waters which supplied the city were being contaminated by garbage which is deposited on the edge." According to the confraternity president, since the city has no hospital, 98 people were treated in the Alem Paraiba hospital and the remainder taken to Santo Antonio de Padua (Rio) and Juiz de Fora. She added that now the hospital also wants the health authorities to promote vaccination for fear of contamination by the patients. [Text] [Rio de Janeiro JORNAL DO BRASIL in Portuguese 11 Feb 83 p 9] 8870

TYPHOID FEVER IN AMAPA--To assist in combating an outbreak of typhoid in Mazagao city, in the Amapo territory, the State of Para government, through the Ministry of Health, yesterday sent that territory 15,000 doses of sodium hypochlorite. According to reports in Belem, they have so far recorded 11 cases of typhoid. Should it be necessary, the Para Ministry of Health will dispatch a team to Mazagao. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 20 Feb 83 p 18] 8870

LEPTOSPIROSIS DEATHS IN SAO PAULO--The state minister of health, Denir Zamariolli, yesterday disclosed that the Hospital Emilio Ribas has already recorded 95 cases of leptospirosis, with 5 deaths. He attributed the outbreak of the disease, transmitted by rat urine, to the floods which occurred in Sao Paulo in January and February. Zamarolli warned the people who had contact with the contaminated waters or suspected foodstuffs, and those who have had high fever and muscular pains to visit the health stations, because treatment undergone in time is effective. He stated that the outbreak of meningitis in the Campinas area is the lymphocitaric type, adding that the

Adolfo Lutz Institute has not succeeded in isolating the virus responsible for the disease. By next week they should have the results of tests made, and according to Zamariolli, the ministry will then be able to take the necessary measures. The minister of health said that they had already taken measures for the control of schistosomiasis in Praia da Enseada, in Ubatuba, reminding them that only those people in contact with waters from marshes, rivers or lakes are to undergo fecal tests within a period of 40 days. [Text] [Rio de Janeiro O GLOBO in Portuguese 24 Feb 83 p 5] 8870

HEPATITIS OUTBREAK IN MINAS—In January and February, more than 200 cases of hepatitis were recorded in the little town of Bambui at 274 kilometers from Belo Horizonte, all caused by food contamination by the town sewerage system which is in wretched condition. The outbreak was confirmed by the Divinopolis Regional Health Center director, Cicero Plinio Bittencourt, who sent a doctor and a health engineer to the city to make a survey of the cases and take the necessary preventive measures. According to the doctor, the outbreak is already under control and the number of cases decreased in the second half of February. Half of the 200 cases were confirmed by clinical examinations and are now undergoing blood tests to discover the virus type. Although they have not yet completed the laboratory tests, the director of the Divinopolis Health Center yesterday declared that "everything leads us to believe that the hepatitis was caused by virus A, which is the mildest form of the disease." Cicero Plinio Bittencourt dismissed the hypothesis the virus was transmitted "person to person," for he thinks it more probably that it has occurred mainly from the ingestion of foodstuffs (fruits, greens and vegetables) contaminated by the city sewerage system which in some places is above ground. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 26 Feb 83 p 10] 8870

CSO: 5400/2050

BRIEFS

SEMINAR ON DIARRHEA DISEASES--The 17 and the 19-20 December 1982 issues of LE RENOUVEAU DU BURUNDI, published daily in Bujumbura, said, in articles signed Serge Niragira that officials of the Ministry of Public Health held a seminar on diarrhea diseases 15-18 December, presumably in Bujumbura. Doctor Tharcisse Ntunguka, director of medicine of the Department of Epidemiology and Laboratories of the ministry, opened the seminar, according to the 17 December article, by mentioning the three priorities: preventive medicine over curative medicine, rural zones over urban zones, and education methods over passive or coercive actions. Minister of Public Health Maj Fidele Nsabimana, who closed the seminar, the 19-20 December article said, congratulated the participants for the seriousness and competence with which they treated the subject and asked them to put what they had discussed into practice in the struggle against diarrhea diseases in general and against bacillary dysentery in particular. In his speech, according to the same article, he also touched on various topics taken up by the seminar, especially rational utilization of personnel. [Editorial Report]

KWASHIORKOR EDUCATION PROGRAM--Parents in Kiganda Commune met on 5 January 1983 at the Munanira health center to have their children who had Kwashiorkor cared for. They were given instruction on feeding children from birth to 2 years of age. They were also shown pictures of children with the disease for comparison with those who are well fed. [Bujumbura LE RENOUVEAU DU BURUNDI in French 14 Jan 83 p 2]

CSO: 5400/182

BRIEFS

FLU EPIDEMIC IN SLOVAKIA-- The current flu epidemic in Slovakia caused by type A virus (H3 N2) is similar to the outbreaks registered in 1962 and 1972. So far about 10-12 percent of the population has been affected and the epidemic has not yet peaked. Originating in two West Slovak cities or Levice and Nitra, the epidemic has been on the rise especially in East and Central Slovakia. Visits of hospital patients have been prohibited. [Bratislava PRACA in Slovak 9 Mar 82 p 2]

CSO: 5400/3004

COUSSERANS INTERVIEWED ON MOSQUITO ERADICATION CAMPAIGN

Djibouti LA NATION DE DJIBOUTI in French 3 Mar 83 p 4

[Interview with Mr J. Cousserans, Technical Director of Mosquito Control on the Mediterranean Coast, on the occasion of his visit to Djibouti: "Mosquito Control Campaign: 'Mosquitos Hatch in Man-Made Breeding Grounds,' According to Mr J. Cousserans, a Mosquito-Control Expert"; date of interview not specified]

[Text] Recently, the Public Health Department and several ministries and public services have launched a mosquito-control campaign in all districts of the capital.

Public Health Department teams assisted by National Security Force (FNS) agents made rounds and poured gas oil into home septic tanks and into all places that could provide breeding grounds for larvae, as well as into stagnant water puddles.

Irrespective of what had been expected, however, the last rainfalls were a cause for disappointment.

The Republic of Djibouti is not the only place where these insects are assuming nightmarish proportions.

They also threaten other countries and other people, and they too use all means available to fight back. We talked with an expert who happened to be in Djibouti and who has organized mosquito-control campaigns throughout the country.

He is Mr J. Cousserans, Technical Director of Mosquito Control for the Mediterranean Coast. His mission is to control mosquitos in this region, which is especially affected. He works hand in hand with teams who are doing the same type of work on the Atlantic coast and in the Lyons area. On several occasions, he has also acted as adviser in various countries (Africa, European countries, Caribbean, Pacific), either for their governments or for international organizations like WHO.

[Question] Why did you come to Djibouti?

[Answer] The director of Public Health and Epidemy Control asked a French company to help him get in touch with officials in charge of mosquito control in France. This company asked for my help.

[Question] Would you comment on your stay in Djibouti?

[Answer] I had long discussions with the head physician of the Public Health and Epidemy Control Department and with his staff; we also visited some districts.

As local officials had already observed, we noted that birth [as published] was essentially due to the presence of Culex pipiens fatigans. This mosquito hatches in man-made breeding grounds. In the case of Djibouti, it is found in two broad categories of biotopes:

a. In-household biotopes:

- poorly sealed latrines;
- septic tanks not conforming to regulations;
- basins with obstructed drainage;
- water discharges from overflowing tanks, latrines or defective water-supply inlets, etc.

b. Collective biotopes. They are of two types:

- water accumulations of all types in the various districts (refuse collection;
- sanitation systems: rainwater collectors that drain poorly, waste waters discharged into depressions around the town, etc.

Obviously, most of these breeding grounds are man-made. Therefore, it is quite normal to try to solve the problem by destroying existing breeding grounds and preventing the creation of others. This approach is also in perfect agreement with existing regulations. Strategically, it is the only valid solution since mosquitos will become resistant to insecticides of all types, thus making them ineffective. In our opinion, the present operation, which has the support of the health education center, is an excellent formula. Having the army and the police forces participate is quite in line with the spirit of such an operation. Controlling the Djibouti urban mosquito is a national problem and it is highly desirable that all departments and all individuals share in that effort.

[Question] Could you tell us why you believe that insecticide applications will not solve the problems caused by mosquitos?

[Answer] I have already touched on that point in answering your previous question. If I believe that we should have recourse to physical control supported by an intense health education campaign, it is because, based on the information available to me and on my observations, I feel that insecticides are no longer effective when used in normally acceptable amounts,

with respect both to cost and toxicity, at least in an urban environment. Indeed, let us go back to the larvae stage, i.e. before the mosquito can fly. Actually, it can fly over considerable distances and, in addition, every time a female leaves a breeding ground, it can deposite some 200 eggs at each point. Therefore, it is quite normal to suppress that risk. However, if the amounts of insecticides that must be used to obtain this result are too high, it becomes quite expensive and there is always a risk of toxicity in households. Therefore, I believe it is more logical to orient ourselves toward massive and continuous information campaigns, like the one which is now taking place--which is also what the World Health Organization is recommending--to destroy almost all urban breeding grounds. I shall not go into the details of the methods to be used. The Public Health Department and the health education center are fully competent and better informed than I am of the local aspects of the problem.

[Question] What solutions are available?

[Answer] I touched on them in my previous answers. I cannot develop a strategy here. But I will say again that mosquito control in Djibouti is everybody's problem:

a. The government's, considering the problem that mosquitos represent in all undertakings involving the environment: building, collective sanitation systems, road construction, refuse collection, etc.

b. It is each individual's problem: everybody who owns or rents a house will have to conform with current regulations concerning waste water disposal and water-supply inlets.

The public has to be made aware of this. Insecticides can only complement other methods, especially to control adult mosquitos. This view is shared by the head physician of the Public Health Department who has ordered periodical fumigations in the streets to complement the efforts undertaken to destroy breeding grounds, at least during the intermediate stage when a number of breeding grounds will remain.

[Question] Are mosquitos a problem outside the town of Djibouti, or could they become one?

[Answer] That is a very good question. Until now, we have discussed only the nuisance caused by Culex pipiens fatigans, a purely urban mosquito. Outside urban areas, however, there are other mosquito species which live in a wide variety of breeding grounds and some of which may have an incidence on human health by transmitting certain diseases. This is the case of certain anopheles species that can transmit malaria. There are some in the Republic. As a rule, they live in wadi residual puddles, certain water pools remaining after rainfalls, and wells. In this case, observations indicate that insecticides are still effective. They will be used by the Public Health Department to control larvae in these breeding grounds. Attempts to introduce larvae-eating fish have also been made and should yield results. Therefore, this is a problem which involves a specialized department and not individuals as is the case with the control of Culex pipiens fatigans. Besides anopheles, other species are also represented on the Republic's territory, but they represent only minor nuisances. An inventory of these mosquitos has already been made and will be updated as necessary.

9294
CSO: 5400/187

GOVERNMENT SOUNDS WARNING ON HEALTH STANDARDS

Bridgetown ADVOCATE-NEWS in English 5 Feb 83 p 3

[Text] ROSEAU, Dominica, Friday (CANA)--Dominica Government officials have warned nationals to exercise more care in personal hygiene and in keeping their environment tidy, amid concern about a possible outbreak of typhoid fever.

Government said it is aware of the possibility of an outbreak similar to one five years ago in a ruval village and is tackling the problem "From many different angles."

One of these is a series of lectures on the importance of having a clean surrounding and being in good health, which is aimed particularly at potential food handlers.

And, the government has warned food handlers that attendance during the lecture series will determine whether or not they receive a licence to operate.

On average, some 27 cases of typhoid fever are reported officially here each year, but officials said there are others which are treated privately.

According to an investigation which followed the outbreak, health officials detected six carriers of typhoid fever in the village where 50 per cent of the residents were screened.

"Taking this vaillage as representative of the whole of Dominica, it appears likely that a number of carriers exist throughout the whole island community," says laboratory superintendent at the Princess Margaret Hospital, Roderick Fortune.

Earlier this year, Health Minister, Charles Maynard, said in Parliament that there had been some 31 cases of typhoid reported during 1982, indicating that the reports came from throughout the island, noticeably, the second town of Portsmouth, where 11 cases had been reported.

In a paper "investigation of a typhoid outbreak on Dominica, Mr. Fortune, who has just completed a masters degree at a U.S. university in public health,

warned that such carriers of the disease "could cause explosive epidemics sometime in the future unless they are identified, registered and treated."

Typhoid is an infectious bacterial fever attacking the intestines. The highest incidence of the disease occurs among children under 15 years of age and about 10 per cent of the cases occur in children less than five years old.

Mr. Fortune said: "Typhoid is an endemic disease on Dominica. On the average, 27 cases per year were obtained from patients at the Princess Margaret Hospital during the period 1972-76."

However, this average does not include several cases diagnosed clinically and treated at the island's two other hospitals, both situated in the north.

Mr. Fortune noted that "in view of this endemicity, the possibility of typhoid should always be considered in differentially diagnosing patients with fever of undertermined origin."

Through the newly drawn up national health plan, health officials are hoping to encourage villagers to improve their health status, through making reference to the disease and ideas for combatting it.

Mr. Fortune said that because health is often treated as "a non-productive expenditure item" many of the Less Developed Countries tend to give it low priority and the funds alloted for providing health services "may be less than what is needed to cope with minimal demands for environmental sanitation and patient care."

"Within that context, this typhoid oubtreak underlines the importance of personal and public sanitary practices that are almost non-existent in most villages," Mr. Fortune said.

According to the investigation carried out following the last outbreak, it was founded that in some cases, contaminated food sold to schoolchildren contributed significantly to the spread of the disease.

"The outbreak also served to demonstrate the importance of screening all food handlers, including part-time helpers, to eliminate typhoid carriers," Mr. Fortune said.

He noted that testing of one stool specimen per year cannot be expected to serve as a reliable method of detecting the infrequent excretor "...what is needed is a typhoid registry, so that all known cases of typhoid will be registered on individual cards and so that individuals seeking initial or annual licensing as food handlers can be cross-checked against this register."

CSO: 5400/7551

BRIEF

MALARIA OUTBREAKS INCREASING-- Coatepeque--There has been an increase in the number of cases of persons who are sick with malaria in the area, said a doctor who was consulted. He added that there are many cases in his clinic of persons whom he has treated for this endemic disease in recent days. The doctor explained that for the most part he has treated children, but that there were some adults. When asked if the sick persons came from Coatepeque, he said that there were many from this place, but that there were also cases from other places in the area. Recently a rash of mosquitos has plagued the area for several weeks, especially this city. The National Malaria Eradication Service [SNEM], with the cooperation of the municipality, has been waging a fight against the sources of larvae, such as water trapped in sinks, standing water in tanks and in the "Bolas" river, which crosses the southern part of the city. SNEM crews and municipal employees have been applying hot oil or gas to standing water in tanks and sinks, as well as the insecticide, Baytex. However, the plague has not diminished at all. On the contrary, it is increasing. Unfavorable results are already apparent, inasmuch as many positive cases of malaria are being reported. [Article by Edgar Octavio Giron Castillo] [Text] [Guatemala PRENSA LIBRE in Spanish 1 Mar 83 p 4] 8255

CSO: 5400/2055

BRIEFS

MONKEY FEVER IN KARNATAKA--MANGALORE, Feb 5 (PTI)--Ten fresh cases of attack of 'monkey fever' were reported yesterday in the Malnad belt of the Belthangadi taluk of Karnataka taking the total number of attacks to 238, it was officially stated here. Of these 81 are undergoing treatment in three emergency hospitals, Laila, Belthangadi and Nidle, while others are being treated by the mobile units of the health department. No fatal cases were reported for the last two days. The death toll stood at 24. Dr A P Murthy, the district health officer, has been camping in Belthangadi for the past few days. [New Delhi PATRIOT in English 6 Feb 83 p 8]

MORE MONKEY FEVER--VIRUS FEVER TOLL--With five more deaths reported on Sunday, the death-roll in the "monkey fever", the deadly virus infection sweeping Belthangady taluka of Karnataka, has risen to 29. Over 250 people affected by the disease are under treatment in the taluka. Bodies of 27 monkeys have also been recovered so far in the taluka. [Bombay THE TIMES OF INDIA in English 8 Feb 83 p 9]

CSO: 5400/7083

HEALTH DEPARTMENT OFFICIAL DISCUSSES COMMUNICABLE DISEASES

Jakarta MERDEKA in Indonesian 15 Jan 83 p 9

[Article: "Last Year 33,000 Persons Stricken by Cholera"]

[Excerpts] According to a survey made by the Department of Health, communicable diseases are the primary diseases in Indonesia. Among them are those that can be controlled and for which a decline in incidence is evident, and there also are some for which there has been no decline.

This was revealed by Dr Adhyaatma, director general of supervision and control of communica diseases (P3M) of the Department of Health, in a special interview with ANTARA on Thursday [13 January].

Control of diseases such as smallpox, plague, and frambesia [yaws] already shows some results. No results are evident for the control of diseases such as tuberculosis of the lungs because the control phase has not yet been completed. Only about 1,300 PUSKESMAS [public health centers] out of a total of 5,000 in Indonesia are available to treat this disease. Since not all PURKESMAS serve to control tuberculosis of the lungs, no national figures for the disease are yet available. It is a chronic disease so it will be a long time before any results of control are available.

Control of communicable diseases by the Department of Health is divided into three groups: control of communicable diseases which are communicated directly (such as tuberculosis of the lungs, leprosy, venereal diseases, choler or diarrhea, frambesia, and tapeworm), the control of diseases which have an animal vector (malaria, filariasis or elephantiasis, schistosomiasis, rabies, dengue fever), and the control of diseases which can be prevented through immunization (diphtheria, tetanus, whooping cough and 100-day cough measles, and polio).

According to the P3M director general, cholera is endemic in Indonesia but it sometimes becomes epidemic. Cholera generally becomes epidemic during the dry season or after a flood.

There were 33,010 cholera cases in 1982 and 1,017 persons died. From 1970 to date, Dr Adhyaatma said, the number of cases has never declined. There were from 30,000 to 50,000 cases every year.

But the death rate for cholera is continually being lowered. In 1969 the death rate was 36.8 percent and in 1982 it was reduced to about 3 percent. The drop in the death rate is due to improved health facilities.

According to a 1981 survey, there were 382,000 cases of tuberculosis of the lung in Indonesia. These victims generally were persons with low income in both rural and urban areas.

Only 1,300 PUSKESMAS are available for treatment of this disease. During 1982 40,000 persons were treated for the diseases in PUSKESMAS.

The P3M director general admitted there still was no national figure for the death rate for this disease.

There are very few cases of leprosy, about 1 to 4 persons per 1,000. This diseases mainly spreads in the South Sulawesi, North Sulawesi, Irian Jaya, South Kalimantan, and Aceh Provinces.

According to 1982 records, there were 125,624 old and new cases, 90 percent of whom were treated on an outpatient basis. Recovery from this disease takes a long time, minimally 1 1/2 years.

Problems involved in controling leprosy include the inability to treat its victims on a regular basis.

Frambesia is rare in Indonesia. If it exists, it is found only in remote areas. It is readily cured with treatment and very rarely causes death.

According to records as of October 1982, there were 8,258 cases of frambesia in all of Indonesia.

Venereal diseases generally develop in large cities, ports, cities of interest to tourists, and industrial cities.

Records for 1982 show there were some 70,000 cases, namely syphilis and gonorrhea. Syphilis cases are declining but gonorrhea cases are rising. These two diseases generally are spread by prostitutes (WTS).

The number of cases of tapeworm is still very high. It is not difficult to control this disease, Director General Adhyaatma said. To prevent this disease, it is important to maintain personal hygiene.

Snail fever [schistosomiasis] is a communicable disease which occurs only in Central Sulawesi around Lindu Lake, the Napu Valley, and in the Besoa area.

Schistosomiasis is a disease which is spread by a fluke (a type of snail) which lives only in these areas. With improved transportation to this area, thought must be given to preventing the spread of this disease to other regions.

The disease not only attacks humans but also mice, deer, cats, cattle, water buffalo, and horses. Chickens are immune to the disease.

Originally schistosomiasis was hard to treat but medication to treat it is available now. Massive doses of the medication are administered to patients every 6 months.

About 40 percent of the Lindu, Napu, and Besoa residents are stricken with schistosomiasis. Symptoms of the disease include weakness and swollen abdomen. Diarrhea often accompanies the symptoms.

Another disease with an animal vector is rabies. This disease is spreading in 19 provinces, particularly in North Sulawesi, North Sumatra, and West Java. It is most notable in the Bengkulu area, West Java, and the Special Capital Region of Jakarta.

During 1982, 144 victims of rabies died.

Plague is included among controllable diseases in Indonesia. However plague bacteria are still believed to exist around Merapi Mountain near Boyolali.

These bacteria remain in that area because of the heavy infection with plague bacteria of field mice. The P3M director general fears that these mice will enter residential areas and mingle with house mice that will spread the bacteria to humans.

There are other communicable diseases in Indonesia which are only brought in from overseas such as yellow fever. This disease originates in Africa and South America. It is controled by quarantining visitors from these two continents who are suspected of being ill with yellow fever.

6804
CSO: 4213/35

BRIEFS

MALARIA EPIDEMIC REPORTED--Jakarta, March 5 (AFP)--Malaria has claimed the lives of more than 100 people in Kuala Kambas District, south Sumatera, over a two-month period, it was reported here today. The director general of communicable diseases eradication, Dr M Adhyatma, told KOMPAS daily his agency was caught unprepared and failed to prevent the outbreak developing into an epidemic. He put the official death toll in the area at 118 in the two-month period from the end of November last year to the end of January this year. Health teams that moved into the area found that about half of the 1,600 population of Kuala Kambas has been infected with malaria. [Text] [Hong Kong AFP in English 0821 GMT 5 March 83 BK]

CSO: 5400/4385

MENTAL HEALTH HOSPITAL SEES PATIENT IMPROVEMENT IN STRESSFUL TIMES

Tel Aviv MA'ARIV in Hebrew 23 Jan 83 p 14

[Article by Avraham Peleg: "In Israel There Is No 'Cuckoo's Nest' for the Mentally Ill. The Institution which Hospitalizes Psychiatric Patients is Celebrating its 40th Anniversary Since its Establishment. One of the Findings of the Group Is That Tensions Concerning National Defense and Pressure Situations Due To War Have a Positive Effect On the Mentally Ill. The Major Mental Illness in Israel (And In the World) Is Schizophrenia."]

[Text] Tension about security and war related pressure situations do not generally contribute to mental or physical health, however [surprisingly in Israel] there is a [segment of the] population the state of health of which [seems to] improve dramatically, in such situations. They are the mentally ill or, in more professional language, psychiatric patients.

In "Gehe" Hospital, for example, during the Six Days War and the Yom Kippur War, approximately 60 percent of the patients were released, and this is a large percentage compared to peacetime. The doctors at this institution have not yet drawn their conclusions from the war in Lebanon, but the evidence already points to the idea that both tension and pressure situations work, paradoxically, in a positive way on psychiatric patients.

The director of "Gehe," Professor Henrikus Wiesenbeck, who speaks of this phenomenon, adds that this was also demonstrated in World War II in Holland where he was born. "Under fire, the functioning of the psychiatric patients improved beyond recognition and, in contrast, the staff functioned more poorly...."

It is hard for him to explain this, but, in his opinion, the mentally ill person is affected not only by medications and physical treatments but also by the attitude of the society towards him and by the demands it makes on him. In times of stress and pressure, the patient feels that he too is being asked to take responsibility and make an effort, and, in many cases, he comes through.

This approach is used, at present, by the staff of "Gehe." This institution, which belongs to Kupat Holim of the Histadrut, was the first Jewish hospital for the mentally ill in Israel and is now celebrating its 40th anniversary.

Professor Wiesenbeck notes that at present there are about 25 large and small psychiatric institutions in Israel.

At "Gehe" Hospital in Petah Tikva (near Belinson Hospital), treatment wards are divided into those of psychiatric care and others which treat psychiatric and physical illnesses together. There is also an open ward whose patients can leave at will (and it is, in fact, closed on weekends). There is also a day treatment ward for youth and a clinic for children. At "Gehe," approximately 180 patients are hospitalized, and a few hundred receive care at the various clinics. There is also a psychiatric research unit at this institution.

Professor Wiesenbeck explains that in a hospital for the mentally ill, the patient who represents a threat to himself or to society is hospitalized. The major illness for which 40 percent of the patients are hospitalized is schizophrenia (split personality). Other illnesses include depression and the affective disorders.

About one percent of the Israeli population suffers from the schizophrenia type disorders. Symptoms of the illness include thought disorders, disturbances of affect, of behavior and of certain movements. These patients have periods of rationality, and treatment is geared largely towards these. Attempts are made to establish and lengthen the periods of rationality. And, in fact, a considerable number of patients recover from the acute phase of the illness after several weeks of treatment and can function socially and at work.

"We cannot yet point clearly to a single explanation for this illness," says Professor Wiesenbeck. The reasons are complex and among them are biochemical changes in the brain, social and genetic factors, but this area remains largely a mystery, and many research studies are being carried out in Israel and all over the world to clarify the reasons for this disease. One of the main Israeli research studies concerns the use of lithium. Psychiatry indicates that this substance has less effect on schizophrenics and more on manic-depressive illness. In the latter disorder, the patient goes through sharp extremes, from euphoria and hyperactivity to a period of despression and passivity and back again. Other drugs which have proven themselves useful in recent years are the phenothiazines.

"As a result of treatment which combines drugs and a psychological approach," Prof. Wiesenbeck explains, "the behavior of the patient can be changed and allow him to function in society. In our institution, the combined approach is used."

The findings of Prof. Wiesenbeck's research studies show that the percentage of mentally ill in Israel is stable and similar to the percent in Western nations (the Soviets do not report psychiatric data). Our conclusion from this is that tension about security and situations of psychological pressure resulting from wars has not increased the percentage of mentally ill in Israel. Psychiatrists in Europe, for example, report that the nuclear arms race is causing psychiatric problems, "but in Israel people do not get upset by the atomic bomb," says Prof. Wiesenbeck.

The youth suffer from psychiatric problems which are found in older people as well as from problems characteristic of their age: adolescent adjustment, sexual problems, and, today, a new factor--drugs. Although no direct connection has been found between drug use and mental illness, it is known that drugs can bring out latent mental illness. And a youth who does not get the right dosage

can experience a "personality disintegration." LSD is dangerous from this perspective but it is not widespread in Israel. In contrast, heroin is widespread, and Prof. Wiesenbeck describes it as "the worst substance."

The film "Cuckoo's Nest" aroused public consciousness concerning the treatment of the mentally ill. Prof. Wiesenbeck says clearly: "There is no cuckoo's nest in Israel. I have never encountered a patient who was hospitalized against his will and without cause. In addition, the patient has rights. He or a family member must sign a consent form for hospitalization. As for ECT (electroshock therapy) which is so prominent in the film--and it is a legitimate treatment modality which gives good results in most cases--if the patient objects, the treatment is not used."

Prof. Wiesenbeck immigrated to Israel in 1950, first worked as a neurologist in Kupat Holim institutions and for 26 years has served as director of "Gehe." Recently, he left his post in order to start up a psychogeriatrics ward at "Rebecca" Hospital. In this area, he will apply his rich professional experience to the care of the elderly.

His considerable experience has also taught him that in the world generally and especially in Israel, there exists a prejudice against psychiatry. "The worst thing," Prof. Wiesenbeck jokes, "is to be a Jewish psychiatrist...." According to him, few study this subject in Israel whereas in the United States, psychiatry is considered to be a "Jewish profession."

9348
CSO: 5400/4511

BRIEFS

PRK PUBLIC HEALTH WORK--After the country was liberated from the national and racial genocide of the Pol Pot-Ieng Sary regime on 7 January 1979, the PRK publich health network expanded rapidly with the aid of SRV doctors. Meanwhile, the USSR and Vietnam have also sent medicine for treatment and medical equipment to fight and wipe out disease. Moreover, 7 big hospitals in Phnom Penh and other provinces have been reopened. A medicine and pharmacy institute, a middle-level medical training school, a training school for doctors working at the health center fighting epidemics of malaria and TB, and a public health network have been set up and expanded into rural localities nationwide. Although the equipment is still not sufficient, throughout the 4-year period the death rate was decreased when compared with 1979. Three factories producing medicine have been improved and are able to produce many millions of tablets and tube medicines. Besides using government medicines, doctors also advise the people in the effective use of traditional medicines. Disease prevention and cholera resistance is [available] for more than half of all the people. Malaria, polio and different contagious diseases have been effectively wiped out. This has resulted in a healthy and cheerful spirit for Kampucheans under the new regime, and they are able to take part in the steadily prosperous national construction and development. [Text] [Vientiane SIANG PASASON in Lao 4 Jan 83 p 2] 9884

CSO: 5400/4370

CHOLERA KILLS TWENTY IN HOMA BAY

Nairobi THE STANDARD in English 24 Feb 83 pp 1, 2

[Article by Gichuru Njihia]

[Text]

HOMA Bay M.P. Oluoch Kanindo yesterday claimed that cholera had killed 20 people in his constituency and not three as announced by the Director of Medical Services, Dr. W. K. Koinange, on Tuesday.

Mr. Kanindo said that when he left Homa Bay two days ago, 20 people had died of cholera and 50 others had been admitted at Homa Bay District Hospital for treatment.

However he commended the Government for doing everything to control the killer disease, but said the area was experiencing a shortage of cholera drugs and that transport for medical officers had come to a halt for lack of petrol.

On Tuesday, the Director of Medical Services had said at a Press interview that only three people had died of cholera in South Nyanza District.

He had said the areas most affected were Karachuonyo, Rongo, Migori, Oyugis and Mbita and assured wananchi that surveillance personnel led by the officer in charge of communicable diseases, Dr. T. K. arap Siongok, had been mobilised and sent to the area.

Mr. Kanindo said in the sub-location of Kanyaboia, 12 people had died of cholera and in Katuma sub-location another eight had died by the time he left Homa Bay. "Maybe there could be more by now", Mr. Kanindo said.

Saying that the Director of Medical Services was, perhaps, afraid of mentioning the actual number of the people who had died of cholera, Mr. Kanindo added: "I know the ministry might deny that the people have died, but these are the facts and I do not want to cheat you".

He said Homa Bay district hospital was experiencing an acute shortage of medicine, adding: "When I visited the hospital, I found that patients were getting only asprin, condeine and chloroquin but there were no other medicines".

Meanwhile, the Permanent Secretary in the Ministry of Health, Mr. G. L. M. Mwirichia, has said that five cases of Cholera deaths had been registered at Homa Bay Hospital since the outbreak of the disease two weeks ago.

Mr. Mwirichia has also said that his Ministry was working round the clock to control the situation and that no deaths had occurred in the last week.

He was reacting to allegations by Homa Bay MP, Mr. Oluoch Kanindo, that the disease had killed 20 people

CSO: 5400/191

BRIEFS

CHOLERA EPIDEMIC--Parliament was informed today that there has been a fresh outbreak of cholera in Homa Bay constituency in South Nyanza District. The house further heard from the area member, (Oluoch Kanindo), that the efforts to have the killer disease wiped from the area are being frustrated by the team which is fighting the disease. Mr (Kanindo) said since the medical team fighting the disease is not paid overtime, it has not been working hard and has therefore not made any impact in eradicating the disease. [Excerpt][LD240426 Nairobi Domestic Service in English 1830 GMT 22 Mar 83 EA]

CHOLERA KILLS THREE--Three people have died of cholera while 37 other cases have been identified in South Nyanza District, the Director of Medical Services Dr W.K. Koinange said yesterday. "There is cholera in South Nyanza District, especially, in Karachuonyo, Rongo Migori, Oyugis and Mbita areas," the Director said. But he assured Kenyans that surveillance personnel, out to curb the spread of the disease, had been mobilised and were being led by the Officer in-charge of Communicable Diseases, Dr. T.K. arap Siongok. Speaking on the shortage of drugs in the country, the director said very few of the drugs could be said to be missing but admitted that "some not very essential drugs were not available in the country." For those drugs which are essential, Dr Koinange said, there were alternatives. "Doctors should start thinking of generios instead of manufacturers' names," he said. The Director admitted there could be a drug racket at Kenyatta Hospital, but said that everything was being done to curb the racket. [Text] [Nairobi THE STANDARD in English 23 Feb 83 p 2]

CSO: 5400/191

MALARIA ERADICATION IN VIENTIANE DISCUSSED

Vientiane SIANG PASASON in Lao 23 Dec 82 pp 2, 3

["Outstanding Feature" Column: "Outstanding District in Malaria Eradication"]

[Text] Keo Oudom which is subordinate to Vientiane has been active in malaria eradication during the past 5-year period. Keo Oudom District was newly set up after the nation was completely liberated. It is a difficult location with multiethnic groups and it is also subject to malaria outbreaks because of water storages. The communications routes are difficult and there are insufficient offices. Doctors have been newly assigned there. There has been little experience available except a serious belief in superstition. However, with an active revolutionary spirit they have persisted for 5 years through many difficulties and scarcities and achieved results. Mr Nochaleun Phinit, assistant [chief] of the public health service of this district, told our reporter that the district is a mountainous one with ethnic groups. It covers the area in front of the Nam Ngum reservoir which is the reason for the malaria outbreaks. Blood tests in 1977 indicated that as many as 31.7 percent of the people had malaria. Of a total population of 20,292 people, 17,786 had blood tests. After inspection, medicine distribution, DDT spraying, sending patients in for treatment, guiding, leading and propagandizing the people to clean up their houses and hidden places for mosquitos, and mobilizing them to suppress it continuously, in the 5-year period they were able gradually to decrease the incidence of malaria. In 1977 there was 4.8 percent, in 1978 3.8 percent, in 1979 2.1 percent, in 1980 1.6 percent, and in 1981 0.46 percent. Blood tests were given to 1,294 people in 1982 and 6 of them had malaria. This outcome was because of the spirit of the doctors at all levels who bravely struggled through and sacrificed their happiness to fight against this disease [in every revolution]. They decided to carry DDT insecticide spray up and down the mountains so as to get to all the villages in their district, persevering through difficulties and working tirelessly. When they were without modern materials they used different traditional medicines for malaria treatment. They organized and mobilized cadres and people's organizations to cooperate and to consider this work as important as any other work. Regardless of experience, medical cadres with low specialized tasks and who have had only 2-3 months of supplementary education, have a high patriotic ideology to raise collective work higher than their own, contact the masses, have courage to do things, manage to be self-sufficient

first, know how to arrange their time and to find the opportunity to struggle and score achievements in all their work. In the 5-year summary of its work, the public health service received 1 [labor] cooperation medal, 1 provincial commendation and 1 district commendation. Meanwhile, medical cadres have medals of honor and commendations from the province and the district.

9884
CSO: 5400/4371

BRIEFS

DISEASE OUTBREAKS IN LUANG PRABANG--Since last November the Luang Prabang Public Health Service has sent medical cadres and medicines to cooperate with the Phonsai District Public Health Service to treat and guide the people in the prevention of epidemics, such as dysentery, malaria, headache, and intestinal diseases. Over that period they were able to treat 1,263 patients who recovered. [Excerpts] [Vientiane KHAOSAN PATHET LAO in Lao Dec 82 p A5] 9884

CHAMPASSAK MALARIA INCIDENCE--At the present time only 16.16 percent of the province remains where malaria is unchecked. This work will be carried out until it is completed. [Excerpts] [Vientiane SIANG PASASON in Lao 12 Jan 83 p 2] 9884

CSO: 5400/4371

BRIEFS

CHOLERA OUTBREAK--In Maputo Province the cholera outbreak which has hit a number of areas is almost under control. In the 937 positive cholera cases there have been 13 deaths. The head of preventive medicine in Maputo Province, Margarida (Nansin), told our reporters yesterday that urgent health assistance is being given to people from all affected areas. In those areas where the situation is most serious, health centers have been installed to treat cholera cases only. [Text] [EA091426 Maputo Domestic Service in Portuguese 0800 GMT 9 Mar 83]

CSO: 5400/190

RESULTS OF ANTI-POLIO VACCINATION CAMPAIGN

Managua BARRICADA in Spanish 15 Feb 83 p 10

[Text] Yesterday the final statistics of the massive anti-polio vaccination campaign were being computed both in the Ministry of Health and in the mass organizations that include the staff of the People's Health Campaign.

But Enrique Alvarado, chief of information in the departmental office of the Sandinist Defense Committees [CDS] estimated that 75 to 80 percent of the goal had been met.

He mentioned that the Sandinist Defense Committees will recommend that make-up vaccinations be given in those areas where there are still children who have not been vaccinated and that parents be asked to bring to the health centers those who have not yet been vaccinated.

What Were the Reasons?

In some zones such as the 11th there was a partial lack of "biologicals" (vaccine), so-called by the health workers.

Gilberto Calderon, in charge of health in Zone 6, said that at 1100 hours there was no vaccine in some of the vaccination centers and that children went away with their parents.

There was also irresponsibility on the part of some parents, who had been informed by radio, television, newspapers, announcements posted by the Sandinist Defense Committees, assemblies, conferences, and health centers, which emphasized that children who are not vaccinated are in danger of contracting the disease.

The danger is greater inasmuch as the vaccinated children expel neutralized viruses by mouth, which spread in the atmosphere and can settle in children who have not received anti-polio protective treatment.

Alvarado said that all of the statistical data would be ready today and will be discussed in the Department of the People's Health Campaign Thursday morning.

Reports from the entire country will be presented at that meeting. According to unofficial data made available yesterday, 143,000 children up to the age of 5 years were vaccinated.

More Than 80 Percent in Zones 7 and 9

Janet Chavarria Gutierrez, director of the Heroes y Martires de Villa Revolucion Health Center, said that in Zones 7 and 9 more than 22,000 children had been recorded in the census and that more than 80 percent them were vaccinated. During our visit yesterday, calculations were being made in the Statistics Office of the Health Center.

Janet reported that several other districts were annexed to the Health Center, among them Laureano Mairena and Mercedes Moreno.

95 Percent in Zone 8

Mireya Zuniga, chief of Zone 8 of the Sandinist Defense Committees, said that 95 percent of the vaccination goal had been reached. The people of the Salomon Moreno, Socrates Sandino, Jaguitas and Villa Cuba districts were so happy at their accomplishment that they celebrated and gave balloons filled with candy to the children.

Esteban Salinas, of the Camilo Chamorro district, reported that its CDS went from house to house vaccinating children who had been omitted because their parents had not brought them to the vaccination center.

Alvarado said that in Zones 10 and 11, located along the Pedro Joaquin Chamorro road, 70 percent of their goal had been met.

Criticism of Those Who Arrive Late

Jose Escoto, in charge of Zone 6, mentioned that 8,998 children had been registered in the census and that 6,316 were vaccinated. It was stated here that one of the serious failures occurred at 1100 hours Sunday morning. There was no vaccine in the centers.

Pedro Gonzalez, in charge of Zone 11, said that at 0700 hours only the director, Dr Baca, was present at the Silvia Ferrufino Health Center. No other workers had arrived. This delayed the vaccination process and some people who had arrived very early with their children went away.

Meeting of Educators

The majority of the chiefs of zones who were consulted said that they would submit criticisms at the evaluation meetings, inasmuch as problems such as those reported above must not continue to occur. It was pointed out that in general the project went well, but that a repetition of failures such as the matter of the vaccine and the late arrivals cannot be allowed in a campaign that is so important for the revolution and the people.

8255
CSO: 5400/2054

BRIEFS

TYPHOID FEVER IN CUSCO--Cusco, 16 Feb--Eight residents of Waywa, Paruro Province, died to typhoid fever. Dr Leoncio Susuki Lopez, director of the Regional Hospital, reported that 40 more cases of typhoid fever have been reported in the area. [Text] [PY231719 Lima EXPRESO in Spanish 17 Feb 83 p 9]

CSO: 5400/2056

BRIEFS

NO MENINGITIS EPIDEMIC FEARS--The sudden death of six children from the municipality of Alijo, more precisely from the parishes of Carlao, Sanfins and Creiras, has produced a wave of panic among the local people, who feared that there might be a meningitis epidemic inasmuch as the symptoms of at least one of the cases indicated that the fatal outcome was due to this disease which, incidentally, is very contagious. However, after several meetings with health authorities from the north and from Lisbon, the "DN" [DIARIO DE NOTICIAS] can assure its readers that there is no cause for alarm, since, according to the information received, "no diagnosis has been able to confirm an epidemic of that disease," which, moreover, as was pointed out, "is treatable and entirely curable." As we clearly noted on page 6, the local and district health authorities are prepared for all eventualities and have taken steps considered adequate to cope with the situation; neverthless, it has taken into consideration the fact that "there are cases of meningitis every year, generally increasing during the winter." A specialist in pediatrics at the Santo Antonio Hospital in Porto studied some of the cases reported and, according to the NP [NOTICIAS DE PORTO], asserted that the virus had not been isolated and that there was, therefore, no confirmation of meningitis; however, he said he considered it worthwhile to make a careful investigation of the situation through the proper public health services. [Text] [Lisbon DIARIO DE NOTICIAS in Portuguese 24 Feb 93 p 1] 8568

CSO: 5400/2523

OUTBREAK OF MENINGITIS IN FOUR REGIONS REPORTED

Dakar LE SOLEIL in French 17 Feb 83 p 8

[Article by Patricia and Anne]

[Excerpts] At the Board of Health we met Dr Mady Oury Sylla. He calmed some of our (and your) fears.

"Meningitis is an endemic disease that flares-up at any moment. Every year, some cases are observed, especially in the Sahel regions. Every 7 to 10 years, however, one notes a cyclical endemic outbreak."

From the end of December to the middle of January, four regions of Senegal were affected: Louga, Thies, Diourbel and Kaolack.

The hazards of the climate and the sand storms are the cause of this outbreak. The likely period is usually between January and February [sic].

The latest statistics from the Board of Health show that about 250 people have been affected in each of the regions of Sine-Saloum and Diourbel. Less than 10 percent of those taken ill have died. According to the OMS figures: 1 sick person per 1.00 [sic] inhabitants for 1 week; the epidemic has been contained and is of limited scope.

Nevertheless, a vaccination campaign has been immediately organized. It has been carried out in three stages. First of all, healthy populations residing in the affected areas have been vaccinated. Especially children from 0 to 20 years of age, whom meningitis strikes the hardest. Next, the sick are of course treated with antibiotics. Finally, a treatment with sulpha drugs is worked out for family members.

Dr Ndiaye adds: "When there is the threat of an epidemic, concerned authorities at the Ministry of Health set a vast vaccination operation in motion. These vaccinations immunize for 2 years. We work in a conscientious fashion. The influx of people cannot help but disrupt the necessary work which is under way."

9895
CSO: 5400/173

BRIEFS

MENINGITIS OUTBREAK ON BALEARIC ISLANDS--Juan Pasaron, Palma de Mallorca. Six cases of meningococcal meningitis--one of the deadly kinds--detected in localities near Palma de Mallorca, have caused anxiety in the area. Miguel Gomara Perello, provincial director of health, issued a statement saying that "the cases that have been detected in the Calvia area are not serious and are under complete control." Of the six detected cases, four have to do with the national coeducational college of Calvia; two others, with a day nursery in the coastal area of Paguera, in the same municipal district. The first four persons to be afflicted are: Susan Nadal, Gloria Navarro, Maria Palmer, and Josefina Lopez, classmates, who have already recuperated from the disease. The other two persons to be afflicted are Mario Moreno and Salvador Lopez, both of the Paguera day nursery. Mario Moreno entered a health center on 26 February. He died the following day. The doctor who treated him said that death was caused by "fulminant sepsis." Salvador Lopez was admitted on 3 March and is being treated for the disease. The provincial health director emphasized that the statistics show that the number of cases falls within a normal range. He insisted that the disease is under control and that there is no reason for alarm. [Text] [Madrid EL PAIS in Spanish 11 Mar 83 p 16] 8255

CSO: 5400/2524

NEW DRUG RESISTANT MALARIA FOUND ON KHMER BORDER

Bangkok BANGKOK POST in English 29 Mar 83 p 20

[Text]

A NEW kind of drug-resistant malaria has broken out among Khmers living along the Thai-Kampuchean border amidst contradictory reports of its seriousness from the United Nations headquarters in New York and its regional office in Bangkok.

Wire news agencies yesterday reported from New York that a senior official responsible for co-ordinating UN aid to Kampucheans, Mr John Kelly, revealed that there has been an outbreak of a previously unknown strain of malaria among refugees at the Thai border.

But a senior UN health official in Bangkok, who requested anonymity, told the *Bangkok Post* that the new kind of malaria was only resistant to older types of drugs and not the newer type.

The *Far Eastern Economic Review* also reported in its February 3 issue that the new strain of malaria is causing concern at the UN Border Relief Operation (UNBRO), which runs the border camps for Kampucheans and Vietnamese. The disease has already caused more than 70 deaths in the various camps, the magazine reported.

INVESTIGATE

The World Health Organisation (WHO) in New York has assembled an international medical team to investigate the new malaria strain. The five-member team will be led by a Canadian, Dr S. Gunn, chief of WHO's emergency relief operations unit. Its other four doctors are I. Arita, a Japanese epidemiologist; H. Forss, a Finnish public health planner; E. Dobrestyn, an American WHO malaria specialist, and Phillip Nieburg, an American epidemiologist at the United States Government's centre for disease control in Atlanta, Georgia.

The team will arrive in Bangkok next week to assess the malaria situation, work out immediate precautionary measures and draft a long-term programme for controlling the disease.

The Bangkok UN health official maintained that it is not a serious issue and that the parasite which carries the disease in human red blood cells periodically become immune to popularly used drugs.

But he said that a more expensive drug, a combination of quinine and an anti-biotic called tetracy-

cline, has been in used to control the new strain.

"Malaria has always been a problem in both Kampuchea and Thailand and the parasite has periodically become immune to drugs due to genetic change. We do have the drugs to treat it though it will be expensive," he said.

The official said a course of treatment with the new drug cost about 50 baht, compared with only about two baht for course of chloroquine, which was widely used against malaria from after World War II to the 60s.

TYPES

He said that there are four types of malaria-carrying parasites, of which one, *falciparum*, has become resistant to the combination drug of pyrimethamine-sulfadoxine that has been widely used during the last decade.

He said that the other three types of parasites have not become immune to the drug.

The official declined to comment on the health risk posed by the new malaria strain to Thailand's rural population. But in New York, Thai UN Ambassador M.R. Birabhongse Kasemsri reportedly said that the new strain produces more severe symptoms than usually found in malaria cases in Thailand.

ORIGINATED

The extent of the malaria outbreak among the 80,000 Thai villagers and about 210,000 Kampuchean refugees in the border region is not yet known.

UN officials in New York believe that the new strain may have originated from the Kampuchean side of the border.

The new malaria strain has also been discovered in Bangladesh and Kenya.

Mr Kelly also told reporters in New York that donor countries had this week pledged an extra US$16 million for Kampuchea relief efforts.

Some US$8.5 million had been promised for aid operations on the Thai-Kampuchea border, including $7.3 million donated by the US.

Sweden had pledged $1.2 million for relief inside Kampuchea, while nearly $5 million had been earmarked for the UN High Commissioner for Refugees (UNHCR), who operates holding camps in Thailand sheltering about 68,000 people.

CSO: 5400/4383

RESEARCH ON MALARIA VACCINE REPORTED

Bangkok SU ANAKHOT in Thai 9-15 Jan 83 pp 50-51

[“Science” article: “Anti-Malaria Vaccine”]

[Text] The hope in Thailand for a vaccine against malaria is becoming nearer realization all the time. Thai doctors on the faculty of tropical medicine of Mahidon University, led by Professor Dr Suanat Tharawanit who has been conducting experimental research on this since 1979, are coming closer to completion all the time. It is anticipated that work will be completed in the next 6 years.

Dr Suanat Tharawanit, head of projects and faculty, has experimented with cultures in test tubes for the past 3 years, and there had been previous research by other of our doctors. But increased hopes have taken form since 1979 through research and examination of the blood of people with the disease in search of antibodies in order to culture them to make a vaccine. But it is still very complicated to extract the antibodies from the blood.

Medical circles have revealed that malaria or, as the villagers call it, shivering fever or jungle fever, inflicts many hundreds of thousands of Thais each year. Many thousands die, which is one out of every ten deaths from disease.

Thai medical circles began to become anxious about the disease because research showed that malaria bacteria were becoming drug-resistant. Drugs that had been effective earlier like Chloroquine are beginning to be ineffective. The longer the drug is used, the more expensive, and recovery is not easy. Some cases result in death.

When this happened medical circles became interested in research on sure ways of prevention and cure of malaria. Research on a method of prevention is being done now in many nations, including Thailand.

"There must be antibodies in people who live in malaria regions. If not they would all have died. When we have the antibodies we can think about examining those will antibodies and obtaining them to make a preventive vaccine," Assistant Professor Dr Sansiri Saramani, dean of the faculty of tropical medicine of Mahidon University, explained the basic idea underlying research on a vaccine to prevent malaria, on which the faculty of medical research projects on a malaria vaccine of Mahidon University began experimentation in 1979.

He also told of the funds that were required for the project:

"It costs at least a million baht a year, and when experiments done on various animals reach the stage where they are done on monkeys, it will probably cost even more. Experiments on humans will require finding volunteers who will have to be truly convinced that our experiments will be effective and not be dangerous. This will probably not be a problem, because it must pass the committee first.

"If this project succeeds, Thais in the future will probably not get malaria or probably very few," Assistant Professor Dr Sansiri repeated his wish, and told us:

"The faculty of tropical medicine has sent scientists to study the techniques involved in such projects, particularly at Walter Reed Hospital. Dr Suanat, head of the project, has been there for short-term study many times himself."

At this point, you the reader ought to be informed that there are two types of malaria bacteria commonly found in Thailand, as the dean explained to us: The falciparum malaria bacteria area type of bacteria that is very ambitious. They jump right up to the brain. The other type must be less ambitious. They like to climb down to the liver, kidneys, intestines and stomach. This type is called "vivax." It is not a very powerful bacterium; the fever may show up every other day. The first type has definite symptoms which are powerful and severe.

A common symptom of malaria is shivering, which is why it is called the shivering fever, but in fact some cases of malaria, like other fevers, are not characterized by shivering, and people with other fevers, like the common cold or pneumonia, can also experience shivering.

Therefore, we can conclude that sufferers of malaria do not necessarily have shivers, and shivers do not necessarily indicate malaria...Doctors can probably explain this to you the best (and don't forget to take money with you).

Assistant Pfofessor Dr Sansiri Saramani explained further that the most common sources where Thais contract malaria are communist terrorists or in newly settled regions where villagers go to find a living, such as those who sneak into the forests and cut down trees, those who dig for minerals or gems, those who flee punishment by the state and go to live in the jungles. People in the cities rarely contract this disease.

"The reason these people contract the disease is that they go to places that officials of the malaria unit do not reach and where there are not shots of medication for malaria. Places we cannot go or can only go with difficulty have the most problems, the dean of tropical medicine explained.

There are many other problems relating to malaria. Sometimes when people contract the disease and take medicine the medicine is not adequate to kill all the bacteria, for example if they don't take the whole supply. Then the

bacteria become tough again. Or, they may be drug-resistant as in the case of falciparum malaria, which comes from bacteria resistant to Chloroquine, or the case of vivax malaria from bacteria that hide in the liver and then go back out into the blood and cause recurrence. Some people have both types of bacteria unexpectedly and different places show symptoms of each type. For example, first a person may have symptoms of falciparum malaria and when those are cured the person may still be sick with vivax malaria.

In addition, when he is attacked by new bacteria by being bitten by the anopheles mosquito he can get the disease for a second time.

Hearing the doctor speak made us feel more afraid of malaria, because doctors say treatments that have been effective in the past are now beginning to be ineffective.

Therefore the hopes for Thais to escape death from malaria as well as illness and suffering must be entrusted to the abilities and determination of Thai scientists or scientists of any nation who are concentrating their research on a malaria vaccine.

9937
CSO: 5400/4373

CHOLERA OUTBREAK IN SONGKHLA REPORTED

Bangkok DAO SIAM in Thai 23 Jan 83 pp 1, 2

[Article: "Cholera Outbreak in Songkhla"]

[Text] A serious cholera epidemic in Songkhla province. Hospital rooms are crowded with citizens who have had such severe diarrhea and dysentery that they must be carried to the hospital. There have been 2 cases of immediate death and another 20 who are in serious condition. Public health officials have found bacteria in the well water that people drink and in salted fish that people eat, which means it is dangerous to get fish from swamps during the hot season. The Ministry of Public Health has sent doctors to care for the sick 24 hours a day and sent vaccination units to help the local people as an urgent measure.

It has been reported by news people that at 2:30 pm on 22 January Dr Sanan Parakmasit, public health, Hatyai district, Songkhla province and an ambulatory unit of doctors went out to visit villagers in Khlonghae precinct, Hatyai district, Songkhla province to see if people in the villages have severe diarrhea and dysentery and to give medical care to citizens in the early stages. They will announce that there is now a cholera epidemic and ask villagers to boil their water before drinking, give them vaccinations to protect them against the disease, and advise them to eat well-cooked food and find ways to protect against the flies that carry these bacteria.

Dr Sanin revealed to reporters that there are great numbers who have been infected by the bacteria in this cholera outbreak, many of whom have been sent to Hatyai's hospital. Among them 20 cases are severe, and two people have died, but their names are not yet known. It is only known that the patients had severe diarrhea and dysentery and died right away, not making it to the hospital on time. One was a male in Sathingphra district, Songkhla province, who was sick for just one day. The second case was a female who lived behind the hospital in Songkhla province who also had symptoms of dysentery. She died in the morning after having been sick since the middle of the night.

Dr Sanan told reporters concerning this cholera outbreak that they found bacteria in the well water people drink and in salted fish that the villagers eat daily. Therefore they reported the emergency to the Ministry of Public Health, where doctors were mobilized to treat people and find ways of prevention as an urgent task.

9937
CSO: 5400/4373

BRIEFS

LEPROSY STATISTICS—About 140,000 with leprosy in Thailand. Over 110,000 cured. But around 20,000 people are still in concealment and about to contract the disease from the community. These people are ashamed and don't understand that the disease can now be cured irrevocably. Contact with the disease is not as serious as is feared. A report from the Ministry of Public Health revealed to SIAM RAT that national surveys have found that there are 140,000 cases of leprosy, 113,146 people have been treated, and 64,623 people have recovered, but there are still about 20,000 people who have had the disease hiding away who could get the disease again by living in the community. The ministry is in a hurry to find and care for these people in order not to allow the disease to spread. Sources also reveal that leprosy can be cured, and today there are drugs and methods of curing the disease irrevocably; even those with severe symptoms, such as crippling, can be cured so as not to be contagious. But there are still many people who have misunderstandings concerning this disease and who object to those who have had the disease reentering society. But, in fact, the disease is not as serious as most people think and can be cured irrevocably if treated on time. [Text] [Bangkok SIAM RAT in Thai 5 Jan 83 p 1] 9937

BANGKOK VENEREAL DISEASE RATE—53,500 people in Bangkok with venereal disease. The Ministry of Public Health spends 15 million baht a year on their care. At the opening ceremony for Anti-VD Week 13 to 19 December held at the Greater Bangkok administration hall and the 51 public health administration centers all over Bangkok, Admiral Thiam Mokharamon, governor of Greater Bangkok, told reporters that he was anxious for the 5 million people of Greater Bangkok because one out of every hundred have venereal disease. Dr Udom Thiamchuang, director of the office of sanitation of Greater Bangkok, reported that today Greater Bangkok is the center for all branches of economic and industrial administration and the center of gravity for people all over the country, and foreign tourists pour into Bangkok all year round so that service and entertainment institutions spring up quickly. These service institutions lead to disease. Statistics for 1981 who 53,500 people suffered from venereal disease in Bangkok, while there were 343,000 for the country as a whole. The Ministry of Public Health has set up a budget of 15 billion baht a year for care of venereal disease. [Text] [Bangkok MATUPHUM in Thai 14 Dec 82 p 1] 9937

CHOLERA OUTBREAK IN RAYONG--Twelve people have been admitted to hospitals and health centers in the eastern coastal province of Rayong after an outbreak of cholera. No fatalities have been reported from what laboratory tests show to be a type of cholera called "ferlela." [BK270422 Bangkok BANGKOK WORLD in English 26 Feb 83 p 3]

CSO: 5400/4384

BRIEFS

TUBERCULOSIS STATISTICS--About 1 percent of the population of Zaire is suffering from tuberculosis; that is, about 280,000 inhabitants according to statistics from the National Bureau of Tuberculosis, (BNT). The BNT specifies that 140,000 tuberculosis patients are highly contagious, adding that about 80,000 new cases of tuberculosis appear every year, infecting 10 to 20 persons. Concerning the tuberculosis index as a whole, 10 percent of the children are infected before reaching school age; 40 percent before leaving primary school; 60 percent before secondary school; 90 percent of adults. In Zaire, the BNT is fighting tuberculosis through preventive programs, vaccinations at the BCG, [expansion unknown] the screening and treatment of contagious illnesses, as well as by the training, education and making information available to the medical corps, the patients concerned, and the population in general. The treatment for tuberculosis advised by the BNT calls for simple forms of medication which are effective and inexpensive; for example, streptomycin (s), isoniazide (h), thiacetozone (t). There should be areas set aside for treatment, and a sufficient amount of time for convalescence for at least 90 percent of the cases, costing the state of Zaire at least 100 Zaires per patient, whereas special treatment with rifampycine would cost ten times more. [Text] [Kinshasa ELIMA in French 20 Jan 83 pp 1, 8] 12248

CSO: 5400/170

MINISTER NOTES ADDITIONAL MEASURES NECESSARY TO COMBAT RINDERPEST

Ndjamena INFO TCHAD in French 22 Jan 83 pp 5, 6

[Article: "The Minister for Animal Husbandry Is Back From the East: A National Effort Is Necessary To Combat Rinderpest"]

[Text] The minister for animal husbandry and farm [word illegible], Adoum Moussa Seif, returned yesterday from a second trip to the interior of the country, specifically Ati and Abeche, where he headed the crisis headquarters taking the first steps to eradicate rinderpest. As in Salamat, he had the vaccines delivered to these areas which will enable the teams stationed there to work for a week before being resupplied with larger stocks. In an interview with RNT [Chad National Radio], the minister for animal husbandry spelled out the first lessons of his trip. In Am-timam, where he made his first visit, he found a structured committee which went to work immediately.

Though he caught his first glimpse of the disease in Salamat, it is in Batha and above all Ouaddai that rinderpest has spread, and in the Oum-hadjer and Koundjourou region entire herds have been decimated. There one observes the movements of herds converging by the hundreds on the veterinary area to be vaccinated. But in Guereda (Ouaddai), the situation is more catastrophic. There are stockbreeders who have lost their entire herds, declared Adoum Moussa Seif. The stricken population is in shock from this drama. An attendant has been placed in the area with a large quantity of vaccines to save the rest of the livestock. Assistance teams and a committee were set up in Abeche.

All these measures clearly show the determination of the government to put all its energy into the struggle against rinderpest. But in view of the seriousness of the situation, the minister for animal husbandry emphasized, an additional effort is necessary to enable his department to withstand the plague. The organizations are established and the technical personnel are in a position to eradicate rinderpest. But there is the crucial problem of the means for intervention. The department lacks the necessary vehicles. Moreover, it must guarantee a fuel supply for the existing vehicles and maintain the teams that are at work in the field. This led the minister for animal husbandry to renew his appeal for aid in the campaign against rinderpest. Although he addressed himself first of all to friendly organizations and countries, Adoum Moussa Seif also emphasized that a national effort is necessary to put a stop to this terrible disease. To this end a bank account has been opened to allow all

concerned Chadians to preserve one of the two important resources of Chad. Everyone should participate, he said. With the concerted efforts of friendly countries, organizations, and of the Chadians themselves, the department may be able to bring the situation under control within approximately three months. He thanked the International Committee of the Red Cross which made a plane available to the department for delivering the vaccines. (ATP) [Chad Press Agency]

9824
CSO: 5400/164

KAARIA ASKS VET DEPARTMENT TO FACILITATE CATTLE MOVEMENT

Nairobi THE FINANCIAL TIMES in English 21 Feb 83 p 9

[Text] GARISSA, Sunday (*KNA*) — The North Eastern provincial commissioner, Mr. Benson Kaaria has said that the movement of cattle from the province for marketing purposes had been affected by the outbreak of cattle pneumonia or contagious bovine pleuro pneumonia (CBPP).

The provincial commissioner, who met Food and Agriculture organisation (FAO) officials headed by Mr. J. Aircy, an expert in marketing and export, said because of the disease, traders were not allowed to sell their cattle to other slaughter houses except the Kenya Meat Commission (KMC).

The ban was imposed by the veterinary department in 1969 in Wajir, Mandera and Garissa. Livestock traders would prefer to take their animals to other slaughter houses where they can get a better price and quick services instead of sending all their livestock to KMC, Kaaria noted.

He told the team that the veterinary department should carry out further research on blood test of animals in the province to establish whether the disease still exists, so that the ban on the movement of cattle to other provinces could be lifted.

The PC said that the ban had overstayed and no reports had been received by veterinary officers to the effect that such a disease still existed in the province adding that the ban lift would encourage the veterinary department to establish various cattle auctions.

Kaaria, stressed that as far as marketing of livestock was concerned in the province, there was need to carry out further research on the possibiky of establishing an abattoir at Garissa to generate employment and encourage stock farmers to improve their animals for sale.

The FAO officer said that his mission was to look into improvement of goats and sheep in the province and to carry out feasibility studies of type of assistance which could be provided to improve goats and sheep breeding.

Aircy stressed that FAO would provide sheep and goats dips as the present cattle dips could not be used by other animals. He said that the area had potential for goats and sheep rearing as long as their development could be improved.

The provincial director of livestock, Mr. R.M. Muriuki, told the team that the number of goats and sheep in the province had gone up to 1.5 million and could be increased if facilities were made available to herdsmen.

Muriuki said that goats and sheep fetched a lot of money to the owners by being exported outside the province to Mombasa and Nairobi.

He noted that the animals were not affected by the CBPP disease as cattle, and as such there is a big flow of goats and sheep without restrictions to the traders.

CSO: 5400/191

BRIEFS

VIENTIANE IMMUNIZATIONS--In 1982 brothers in the veterinary and animal husbandry section in Sikhottabong District, Vientiane, all actively carried out their duty effectively to serve the people in the production base. During that time they were able to treat over 500 animals which recovered, including 220 buffalo, 195 oxen, and 150 pigs. They vaccinated to protect against pasteurellosis 5,239 buffalo, 4,150 oxen and 359 pigs; they gave cholera injections to 100 pigs, and rabies injections to 16 dogs. After diligently carrying out their duty outstanding animal husbandry cadres were selected in this district. Three were praised. Comrade Bouali Inthavongsa received the second commendations, and Comrade Khamla Chanthasouk received the third commendation. Now the veterinarian cadres of this district are determinedly and continually carrying out their duty to serve the people. The aim is to increase the number of domestic animals, and also to ensure and ample supply for draft labor and food. [Text] [Vientiane VIENTIANE MAI in Lao 22 Dec 82 p 1] 9884

RABIES EPIDEMIC--The Agriculture, Irrigation and Agricultural Co-op Service. To: People and cadres in all organizations around Vientiane. Subject: Bringing all dogs and cats to have rabies injections. Because of the serious outbreak of rabies which is spreading in our city area the domestic animal husbandry and veterinary service of Vientiane and also the agriculture, irrigation, and agricultural co-ops service hereby announces to all people, cadres and various offices around the capital that anyone having these kinds of animals must quickly bring them to vaccinated for disease prevention immediately. The office giving these injections is in the animal treatment office next to the Ban Savang football field, and open during government hours. We hereby announce to all who are under different organizations around the capital to know and follow the office hours. Those in other districts must contact that district directly. Vientiane 14 December 1982. [Text] [Vientiane VIENTIANE MAI in Lao 16 Dec 82 pp 1, 4] 9884

CSO: 5400/4371

SPAIN REPORTEDLY IS SOURCE OF CATTLE PERIPNEUMONIA OUTBREAK

Lisbon EXPRESSO in Portuguese 26 Feb 83 p 3

[Article by Ademar F. Santos]

[Excerpts] A very large number of cattle from the Minho River area may be in danger if we do not act quickly to curb the outbreak of contagious cattle peripneumonia which began to spread throughout the district of Braga and Viana do Castelo about 2 weeks ago.

Until now, as a result of the discovery of the first contagious foci, several dozen head of cattle have had to be slaughtered, principally in the councils of Moncao and Barcelos (the two most affected).

According to experts from the Regional Directorate of Agriculture of Entre-Douro-e-Minho who, from the first moment, have been attempting to control and subdue the epidemic outbreak (imported from Spain through a smuggling operation), there is presently no alternative to the immediate slaughtering of the animals attacked by peripneumonia.

Security Measure

Meanwhile, in an attempt to prevent the epidemic outbreak from spreading to other areas of the country (provided this has not already occurred), the General Directorate for Cattle Raising [DGP] has canceled all permits for the transportation of cattle in the districts of Braga and Viana do Castelo, unless the purpose is that of immediate slaughter. Mario Teixeira of the DGP told EXPRESSO yesterday that this and other measures have already been in force since at least 18 January when the existence and proliferation of the epidemic first received official notice.

In addition to the control on cattle transportation at the Douro bridges--as assigned to the GNR [Republican National Guard] and the directorates general of Entre-Douro-e-Minho and Tras-os-Montes--the DGP has given precise instructions for an immediate diagnosis of the disease to be made, Animals which are infected or suspected of being carriers of the disease will be slaughtered and the owners compensated at about 75 percent of their value.

"The disease in question," Mario Teixeira told us, "is not transmissible to persons but just to cattle; it is a typical disease affecting cattle, with

the peculiarity of being rather insidious. However, the ingestion of meat or milk from diseased animals--not very probable in view of the tight control system already set up--can cause intestinal problems."

A Disease "Imported" from Spain

Despite the fact that the DGP told us "it does not have precise evidence" to substantiate the assertion, it is almost certain that the outbreak of peripneumonia was "imported" from Spain through a smuggling operation.

In the area involved there is no doubt on this point inasmuch as the first infectious foci were discovered in the Moncao border area. However, the epidemic outbreak spread rapidly toward the south in a contagious line which apparently runs through the councils of Arcos de Valdevez and Ponte de Lima in the direction of Barcelos. In the last council, precisely the country's biggest milk producer, four sizable infectious foci have now been discovered, making it necessary, within a 1-week period, to slaughter dozens of head of cattle without delay.

8568
CSO: 5400/2523

FOX SCABIES CONTINUING TO SPREAD THROUGHOUT COUNTRY

Stockholm DAGENS NYHETER in Swedish 18 Feb 83 p 52

[Article by Bengt Henryson]

[Text] Fox scabies has now been found in Sodertorn in eastern Sormland. Every day, those in charge of wildlife receive reports on affected animals. The sickness reveals itself in a terrible itch that causes foxes to scratch themselves so hard that they tear away their fur.

The bare skin leads the animal to freeze in the severe nighttime chill and for this reason it crawls in under houses and other buildings, seeking a little warmth.

Sooner or later the animal dies and then, if not before, the owner of the house discovers that there is a fox in the vicinity. The stench is extremely noticeable.

In Handen, south of Stockholm, a fox crawled in under a building a few days ago. People know it is there and that it will die, but nothing can be done about it.

"This underlines how important it is to tell the police or wildlife authorities immediately, just as soon as one discovers a fox with scabies," said Rolf Karlsson of the Haninge wildlife district.

The affected animals can be recognized by the fact that they have fur missing on various parts of their bodies. Often the tail has no hair on it at all and looks like a narrow line.

Fur Missing

"The itch eventually causes them to abandon their normal behavior pattern and to stop hunting. At last they become completely apathetic and hardly turn aside even when they meet a human being. In the end, they starve to death," Karlsson said.

Fox scabies can now be found over the entire country, but this does not mean that it has spread like a wave. Instead it hits one area after another.

"When an area is affected, the result is that the entire population dies out and there are no more foxes. After 2 or 3 years, foxes come in again from adjacent regions," said Professor Karl Borg, who studied this disease for many years during his period of service with the State Veterinary Medicine Institute in Uppsala.

Dogs can also catch scabies, but they are quite easy to treat. There are special rinses and if one follows the instructions properly, a few treatments will be sufficient.

Rubs Off

Scabies is spread when foxes rub themselves against rocks, bushes and other objects with which dogs come into contact later. The risk of infection can remain as long as 2 weeks after a fox has passed by.

For the owners of infected dogs, this poses a big problem. Many try immediately to disinfect everything the dog has been in contact with. Not just dog baskets, but rugs and furniture as well.

"It is much easier to simply shut up the room usually occupied by the dog and keep it closed for 2 weeks, until the risk of infection is over. After that, an ordinary vacuum cleaning should be sufficient," said Karl Borg.

Fox scabies can also infect people, usually those who have patted their dogs. As a rule, a rash appears on the inside of the upper arm.

This too produces a terrible itching sensation. However, special remedies can be obtained from the drugstore in which to rinse the affected area and in a short time, the problem has been solved.

6578
CSO: 5400/2521

BRIEFS

CARTAGO PROVINCE SUGARCANE DISEASE--A virulent outbreak of the disease known as salivago, caused by Prosapia distantii, has affected at least 50 percent of the sugarcane plantations in Jimenez Canton, Cartago Province. The amount affected is the equivalent of 100,000 46-kg bags worth $2.2 million. Current sugar production will be reduced by 5,000 tons because of this disease. [PA252017 San Jose LA NACION in Spanish 15 Feb 83 p 6A PA]

CSO: 5400/2052

DISEASE-RESISTANT COFFEE SEEDS BEGIN YIELDING

Addis Ababa YEZARIEYTU ETHIOPIA in Amharic 5 Feb 83 p 1

[Text] Comrade Dr Mesfin Abebe stated that disease-resistant coffee seeds planted in government and farmers association farms have begun yielding and have provided good results. Since 1975, the Farm Research and Study Institute has provided 15 different varieties of disease-resistant coffee and tea seeds to the Ministry of Coffee and Tea. It is estimated that 1 kilo of the coffee seeds provided by the Ministry would yield 4,000 to 5,000 plants. To date 80,880 to 8,880,100 disease-resistant coffee seeds have been planted. Comrade Mesfin explained that the seeds are examined with a special instrument and distributed to farmers.

Coffee seed disease was seen in Ethiopia in 1970 and 1971, but in many other African coffee-producing countries it was first seen in 1927. It has been theorized the disease was transmitted to Ethiopia by means of the traffic of people, goods, and coffee plants. According to Comrade Mesfin, the use of different instruments would allow the disease-resistant coffee seeds to be separated from other coffee seeds. Since coffee disease is contagious, it is wise to graft different disease-resistant varieties one on the other, as well as with other existing varieties. This method has been tried and has yielded good results.

There are only two ways to control coffee disease. The first is to treat the seeds; this is a temporary measure. The second and longer-lasting measure is to select and plant coffee seeds that resist the disease. This method is economical and of long-lasting duration.

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